



9650 Dice Lane | Lenexa, Kansas 66215 | p: 877.4.BOXING / 913.888.7766 | f: 913.888.2198 | www.ringside.com

14865 W. 105th St.

RECEIVED

MAY 08 2009

K.D.H.E.
SOUTHEAST DISTRICT

Kansas Department of Health and Environment
Southeast District Office
Waste Management Program
Attn: Victoria S. O'Brien
1500 W. 7th
Chanute, KS 66720-9701
620-431-2390

05/07/2009

Dear Victoria,

Please see the actions taken in response to the notations made at our recent inspection:

1) Inaccurate Notification

-Please see the attached documentation which provides updated information. This form is also
Being sent to KDHE in Topeka

2) Failure to document all required information or weekly inspection log

-Please see copies of information that has been logged since your visit on 04/08/2009

3) Failure to designate emergency coordinator

-Please see the attached information

4) Failure to post required information

-Please see attached information which has been posted in the relevant areas

Please let me know if you have any questions or concerns. We look forward to working in cooperation
with the KDHE in the future.

Best Regards,

Trenton Travis
VP of Operations
Travis.trenton@ringside.com



MAIL COMPLETED 8700-12 FORM TO: KDHE-BWM 1000 SW Jackson, Suite 320, Topeka, KS 66612-1366	Kansas Department of Health and Environment <h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <p style="margin: 0;">(RCRA SUBTITLE C SITE IDENTIFICATION FORM)</p>							
1. Reason for Submittal (See page 2 of the instructions) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update information) <input type="checkbox"/> As a component of a FIRSTBRCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a REVISED BRCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of the Hazardous Waste Report							
2. Site EPA ID Number (See page 3 of the instructions)	EPA ID Number: KSR000014910							
3. Site Name (See page 3 of the instructions)	Name: Ringier, Inc.							
4. Site Location Information (See page 3 of the instructions)	Street Address: 14865 W. 105TH ST. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City or Town: Lenexa</td> <td style="border: none;">State: KS</td> </tr> <tr> <td style="border: none;">County Name: JOHNSON</td> <td style="border: none;">Zip Code: 66215</td> </tr> </table>		City or Town: Lenexa	State: KS	County Name: JOHNSON	Zip Code: 66215		
City or Town: Lenexa	State: KS							
County Name: JOHNSON	Zip Code: 66215							
5. Site Land Type (See page 3 of the instructions)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other							
6. North American Industry Classification System (NAICS) Code(s) for the Site (See page 3 of the instructions)	A. 787000 423910	B. 						
	C.	D.						
7. Site Mailing Address (See page 4 of the instructions)	Street or P. O. Box: 14865 W. 105TH ST. City or Town: Lenexa State: KS Country: USA Zip Code: 66215							
8. Site Contact Person (See page 4 of the instructions)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">First Name: TRONTON</td> <td style="border: none;">MI: J</td> <td style="border: none;">Last Name: TRAVIS</td> </tr> <tr> <td colspan="2" style="border: none;">Phone Number & Extension: 913-888-7766 X838</td> <td style="border: none;">Email Address: TRAVIS.TRONTON@RINGIER.COM</td> </tr> </table>		First Name: TRONTON	MI: J	Last Name: TRAVIS	Phone Number & Extension: 913-888-7766 X838		Email Address: TRAVIS.TRONTON@RINGIER.COM
First Name: TRONTON	MI: J	Last Name: TRAVIS						
Phone Number & Extension: 913-888-7766 X838		Email Address: TRAVIS.TRONTON@RINGIER.COM						
9. Legal Owner and Operator of the Site (See page 4 of the instructions)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">A. Name of Site's Legal Owner: JOHN BROWN</td> <td style="border: none;">Date Became Owner (mm/dd/yyyy): 9/2007</td> </tr> <tr> <td colspan="2" style="border: none;"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table>		A. Name of Site's Legal Owner: JOHN BROWN	Date Became Owner (mm/dd/yyyy): 9/2007	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
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Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other								

B. Name of Site's Operator:

JOHN BROWN

Date Became Operator
(mm/dd/yyyy):

9/2007

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal
☐ State ☐ Other

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See pages 5-8 of the instructions)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(Choose only one of the following four classifications)

- ☐ a. EPA: 1,000 kg/mo (2,200 lbs in any single mo.) or more of non-acute hazardous waste, greater than 1 kg of acute hazardous waste;
or
- ☐ b(1). KSG Sub-Class 1: 100 kg or more and less than 1,000 kg (220 - 2,200 lbs in any single mo.) of non-acute hazardous waste;
or
- ☐ b(2). KSG Sub-Class 2: 25 kg or more and less than 100 kg (55 - 220 lbs in any single mo.) of non-acute hazardous waste;
or
- ☒ c. KSSQG: Less than 25 kg/mo (55 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site)
Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to Kansas regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

Generate Accumulate

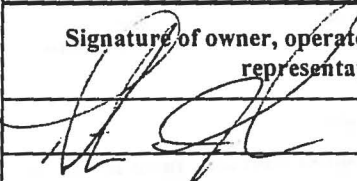
- | | | |
|------------------------------------|-------------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) <u>SOLVENTS</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

- ☐ 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
- ☐ 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See page 9 of the instructions)						
Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001						
D007						
D008						
D035						
F003						
F005						

12. Comments (See page 9 of the instructions)		
<p>13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See page 9 of the instructions)</p>		
Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	IRVIN TRAVIS, VP Operations	5/7/2009

RETURN COMPLETED 8700-12 FORM TO:

**KDHE-BWM
1000 SW JACKSON, SUITE 320
TOPEKA, KANSAS 66612-1366**

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION LOG

Condition of Containers				Condition of Storage Area					Inspection				
Marked "HW"	Acc. Start Date	Closed/sealed	Good Condition	Segregation of Incompatible Waste	Area Secured/Locked	Adequate Aisle Space	Condition of base & Containment good	Signage legible	Date	Time	Corrective Actions Taken	Date of Corrective Actions	Name of Inspector (No initials)
yes		yes	yes	yes	yes	yes	yes	yes	4/10 ⁰⁹	2:30			Scott
yes		yes	yes	yes	yes	yes	yes	yes	4/17	3:30			Scott
yes		yes	yes	yes	yes	yes	yes	yes	4/24	3:30			Scott
yes		yes	yes	yes	yes	yes	yes	yes	5/1	3:30			Scott

KEEP ON FILE FOR A MINIMUM OF THREE YEARS

Yes - Acceptable

No - Denotes a problem

HAZARDOUS WASTE EMERGENCY RESPONSE

EMERGENCY COORDINATOR: Trenton Travis

HOME PHONE NUMBER: 913-888-8286

CELL PHONE NUMBER (Optional): 913-530-0108

ALTERNATE: Joe Taylor

HOME PHONE NUMBER: 913-768-1727

CELL PHONE NUMBER (Optional): 913-219-1437

FIRE PHONE NUMBER (unless there is a direct alarm): HSM Auto alarm

EQUIPMENT LOCATION

(A map showing the locations is sufficient)

FIRE EXTINGUISHERS: see attached

FIRE ALARMS (if present): n/a

SPILL CONTROL: n/a

RESPONSE ACTION

FIRE: Call the Fire Department, or extinguish the fire using an appropriate fire extinguisher.

SPILL: Contain the flow of hazardous waste. Clean up the hazardous waste and any contaminated materials or soil as soon as possible.

FIRE, EXPLOSION, OR RELEASE WHICH THREATENS HUMAN HEALTH OR SURFACE WATER:

Notify the National Response Center with the following information:

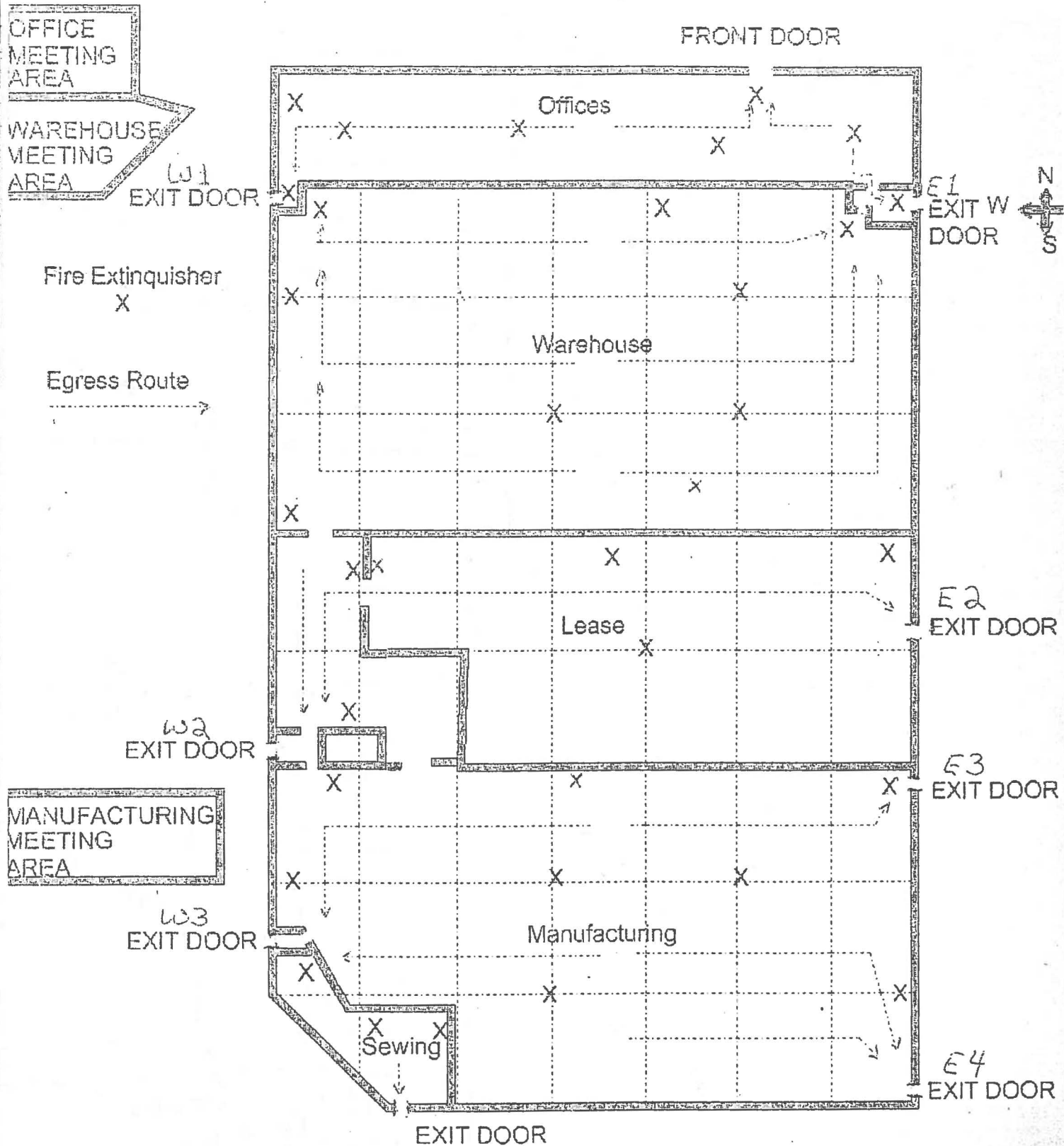
- Name, address, and US EPA ID number of generator
- Date, time, and type of incident
- Quantity and type of hazardous waste involved
- Extent of any injuries
- Estimated quantity and disposition of recovered materials

NATIONAL RESPONSE CENTER 1-800-424-8802

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (785) 296-1500

EMERGENCY EVACUATION ROUTES

All meet in west parking lot per diagram. Department managers take head counts and report to Safety Chairman or General Manager.



X = Fire Extinguishers

2nd floor

